

**Carson City
Agenda Report**

Date Submitted: April 26, 2011

Agenda Date Requested: May 5, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: Action to approve Jinny Suarez as the liquor manager for The Olive Garden Italian Restaurant (Liquor License #11-27562) located at 4253 S. Carson St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Jinny Suarez is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval.

Type of Action Requested:

Resolution

Formal Action/Motion

Ordinance

Other (Specify)

Does This Action Require A Business Impact Statement: () Yes (X) No

Recommended Board Action: I move to approve Jinny Suarez as the liquor manager for The Olive Garden Italian Restaurant (Liquor License #11-27562) located at 4253 S. Carson St., Carson City.

Explanation for Recommended Board Action: The Liquor Board has the authority to approve all liquor licenses pursuant to CCMC 4.13(1).

Applicable Statute, Code, Policy, Rule or Regulation: CCMC 4.13

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: 1) Refer back to the Business License Division, or
2) Deny

Supporting Material: 1) Carson City Liquor License Application
2) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



(Public Works Director)

Date: 4-26-11




(City Manager)

Date: 4/26/11



(District Attorney's Office)

Date: 4/26/11



(Principal Planner)

Date: 4-26-11

Board Action Taken:

Motion: _____

1) _____	Aye/Nay
2) _____	_____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #:

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

LL# 11-27562
312 11-28596
Submittal Date: 3-14-2011

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other
2	Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name GMRI, Inc.		5	Business Opening Date 7/4/2011	
6	Business Name (DBA) The Olive Garden Italian Restaurant #1878		7	EIN # 59-1219168	
8	Business Address 4253 S. Carson Street		City Carson City	State NV	Zip Code 89701
9	Mailing Address P.O. Box 695016, Attn: Licensing		City Orlando	State FL	Zip Code 32869-5016
10	Corporate Phone 800-248-4918, Ext 5795	Business Phone TBD	Cellular Phone	Business Fax 407-872-3795	
11	E-mail Address muntalan@darden.com		Business Website olivegarden.com		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required **Please see attached list of Officers and Directors**				
	Last, First, MI White, William R.	Percent Owned 0%	Title Pres/Treas/Director	Date of Birth 11/11/59	SSN [REDACTED]
	Residence Address (Street) 4035 Gilder Rose Place		City, State, Zip Winter Park, FL 32792		Residence Telephone 407-245-5142
	Last, First, MI Kern, Joseph G.	Percent Owned 0%	Title VP/Sec	Date of Birth 12/21/61	SSN [REDACTED]
	Residence Address (Street) 415 East Pine St., Apt. #1615		City, State, Zip Orlando, FL 32801		Residence Telephone 407-245-6091
	Last, First, MI Hunter, Colleen M.	Percent Owned 0%	Title Asst. Sec	Date of Birth 6/22/72	SSN [REDACTED]
	Residence Address (Street) 11920 Delfina Lane		City, State, Zip Orlando, FL 32827		Residence Telephone 407-245-4711
	Manager/Liquor Manager Jinny Suarez		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-233-7941	
	Residence Address (Street) 2528 Canter Way		City, State, Zip Carson City, NV 89706		
	Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children				
13	Describe in detail the activity of your business Full service Italian restaurant				
14	Type of Liquor License Applying for (If applicable)				
	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg) <input type="checkbox"/> General Wholesale
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? No	
16	List number of slot machines (If applicable)			List number of table games (If applicable)	
	<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____	
	<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____	
	<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____	
	<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<input type="checkbox"/> Poker _____	
17	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below				
18	Check One				
	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child				
	_____ I am subject to a court order for the support of one or more children and am <i>in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order				
	_____ I am subject to a court order for the support of one or more children and am <i>not in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order				

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business Yes, General Commercial and allows restaurant w/ alcohol sales	Has a Special Use Permit been obtained for this business location N/A
	Will you be installing any outdoor signs Yes, on the building and on the site	Are there any existing signs of the property No
	Will there be any outside storage (If yes, please explain items being stored and how being screened) Yes, storage shed located outside the dumpster enclosure; storage shed is used to store small wares supplies.	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) No	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business N/A	

Rules and Regulations	<p>I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments</p> <ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation <p>I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.</p>
	<p>Applicant's Signature <u>Colleen M Hunter</u> Date <u>3-11-11</u> <small>Colleen M Hunter, Asst Sec</small></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 1040.30
Square Footage	129.45	Business License Pro-rated Fee: 863.44 (march-Dec)
Number of Employees x 120	672.00	Business License Application/Update Fee: 25.00
Health Fee	175.00	Liquor License Annual Fee: 800.00
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 1000.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE:	933.44 / 1500.00	Gaming License Quarterly Fee:
Payment Type	CH# 8507524 / 8504664	Gaming License Application Fee:
Received By <u>SE</u>	Date <u>3/15/2011</u>	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee: 25.00
	File #	